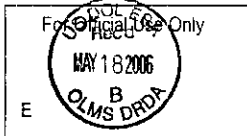


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>13494</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2005</b> Through: <b>12</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>Wiley</b> <b>G</b> <b>Zagajeski</b> P.O. Box, Bldg., Room No., if any <b>Suite 220</b> Street <b>2333 N. lake Ave.</b> City <b>Altadena</b> State <b>California</b> ZIP Code + 4 <b>91001</b>	4. Name, file number, and address of labor organization. Name <b>Painters AFL-CIO Local Union #256</b> Labor Organization File Number <b>031-146</b> P.O. Box, Building and Room Number, if any <b>Suite A</b> Street <b>7921 Western Ave</b> City <b>Buena Park</b> State <b>California</b> ZIP Code + 4 <b>90620</b>
5. Position in labor organization. <b>Financial Secretary</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On <b>105/04/2006</b> <b>714-523-8445</b> Date Telephone Number

Name of Person Filing Wiley Zagajeski

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southern California Drywall Finishers LMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 220

Street 12333 N. Lake Ave.,

City Altadena

State California ZIP Code + 4 91001

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Drywall Finishers LMCC

Trade Name, if any: LMCC

P.O. Box, Bldg., Room No., if any Suite 220

Street 12333 N. Lake Ave.,

City Altadena

State California ZIP Code + 4 91001

14.a. Nature of payment.

Expenses incurred to attend the Western Regional Drywall Finishers contest February 8 - 10, 2005

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$288

Name of Person Filing Wiley Zagajeski

File Number U-

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Drywall Finishers LMCCTrade Name, if any: LMCCP.O. Box, Bldg., Room No., if any Suite 229Street 2333 N. Lake Ave.City AltadenaState California ZIP Code + 4 91002

14.a. Nature of payment.

Proportional share of a group dinner held in conjunction with the employer association annual golf event April 29, 2005.13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$182**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Drywall Finishers LMCCTrade Name, if any: LMCCP.O. Box, Bldg., Room No., if any Suite 220Street 2333 N. Lake AvenueCity AltadenaState California ZIP Code + 4 91001

14.a. Nature of payment.

registration fee incurred to attend the annual employer association golf event.13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$300**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Southern California Drywall Finishers LMCCTrade Name, if any: LMCCP.O. Box, Bldg., Room No., if any Suite 220Street 2333 N. Lake AvenueCity AltadenaState California ZIP Code + 4 91001

14.a. Nature of payment.

Employer association annual charity golf event held July 25, 2005.13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$200

Name of Person Filing <u>Wiley Zagajeski</u>	File Number <u>U-</u>
--	-----------------------

**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <u>So California Drywall Finishers LMCC</u> Trade Name, if any: <u>LMCC</u> P.O. Box, Bldg., Room No., if any <u>Suite 220</u> Street <u>2333 N. Lake Avenue</u> City <u>Altadena</u> State <u>California</u> ZIP Code + 4 <u>91001</u>	<b>14.a. Nature of payment.</b> <u>expenses incurred for attending the employer association (WWCCA) annual hoilday event.</u>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 150px; float: right;">\$374</div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> _____
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 150px; float: right;"></div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> _____
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 150px; float: right;"></div>

Wiley G. Zagajeski  
Reporting period ending December 31, 2005

**DISCLAIMER**

The transactions, dealings and interest that are detailed in the attached Form LM 30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2005 to December 31, 2005. If it comes to my attention that items may have been unintentionally omitted with respect to a transaction, dealing or interest that should have been reported for the period January 1, 2005 to December 31, 2005, I will file an amended Form LM-30.

LM30disclaimer